MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07258

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): 18 hrs.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Newitt Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lena Ball

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John T. Ball

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 10, 1875

8. AGE: Years: 64 | Months: 6 | Days: 2 | If less than one day: hrs. min.

9. Birthplace: Bozman Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Nathaniel P. Cooper
13. Birthplace: Bozman Md.

MOTHER
14. Maiden name: Eliza Ann Cummings
15. Birthplace: Newitt, Md.

16. Informant: Mrs. Ethel C. Burke (daughter)
Address: 1534 Homestead St., Balt. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 14, 1939 (month) (day) (year)
Cemetery or crematory: Newitt
Location: Newitt.

18. Funeral director: Newnam & Harrison
Address: St. Michaels

19. 7/14 (Date received by registrar) 19 39 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 19 39, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1-39 to 7-12-39, and that I last saw h alive on 7-12-39.

Immediate cause of death	DURATION
Diabetic Coma	24 hrs.
Due to: Diabetes mellitus	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: P. E. Cox M. D.
M. D. or other
Address: Easton, Md. Date signed: 7-13-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

07259

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton Md R.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside" ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 27 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Twin Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Amelia L Banning

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles F Banning

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.): 3/10/83

8. AGE: Years 56 Months 3 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business ✓

FATHER
12. Name: Edward E. Warrington
13. Birthplace: Md

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Chas. L. Banning
Address: Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/4/39 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md

18. Funeral director: James A. Spence
Address: Easton Md

19. 7/3 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1/39 19___, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to 7-1- 1939, and that I last saw her alive on 7-1- 1939.

Immediate cause of death	DURATION
Carcinoma of left breast with metastasis to liver & lung.	1 yr.
Due to	
Due to	
Other conditions: Chronic myocarditis	5 yrs
apoplexy	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work? ___

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton Md Date signed 7-3-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1939
BUREAU V. S.

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07260

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 293.

1. PLACE OF DEATH:

County Talbot

City or town Cordova
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Cordova Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Luther M R Carter

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida V. Carter

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 3/3/59

8. AGE: Years 80 | Months 4 | Days 6 | If less than one day ___ hrs. ___ min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Edward B Carter
13. Birthplace Delaware

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Ida V. Carter
Address Cordova Md

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof 7/12/39 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director James A Spence
Address Easton Md

19. 7/11 1939. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1939 to July 9 1939. and that I last saw him alive on July 9 1939.

Immediate cause of death Chronic Myocarditis — DURATION 1930

Due to Old age.

Due to Arthritis (Deformative)

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A C Neuman M. D. or other

Address Easton, Md. Date signed 7/9/39.

RECEIVED
AUG 3
BUREAU V. S.

RECEIVED
AUG 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07261

(34)

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Talbot

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 23 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Talbot st

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ←

3. (a) FULL NAME: Raymond Coppin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife: ←

6(c) If alive, give age: ← years

7. Birth date of deceased (mo., day, yr.): 3/16/16

8. AGE: Years: 23 | Months: 3 | Days: 5 | If less than one day: hrs. min.

9. Birthplace: Md. Easton, Talbot Co.

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: ←

FATHER 12. Name: Wesley Coppin

13. Birthplace: Md

MOTHER 14. Maiden name: Stella Bordley

15. Birthplace: Md

16. Informant: Stella Coppin

Address: Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/14/39 (month) (day) (year)

Cemetery or crematory: Richards

Location: Easton Md

18. Funeral director: James A. Spencer

Address: Easton Md

19. 7/13 1939 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 1939, at 8:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4, 1939, to July 11 1939, and that I last saw him alive on July 11 1939.

Immediate cause of death	DURATION
Endocarditis Staphylococcus Albus complicated by	6 months
Due to Acute Endocarditis	
Due to Syphilis; and possible aortic aneurism.	20 yrs
Other conditions Cardio-vascular syphilis and R.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ←

Of autopsy: ←

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ← Date of: ←

Where did injury occur? ← (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ←

Means of injury: ← Injured at work? ←

23. SIGNATURE: P. V. Shewig M.D. M. D. or other

Address: St Michaels Md Date signed 7.13.39

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127)

07262

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 11

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Harrison St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miss Belle Cover

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12 - 1872

8. AGE: Years 66 Months 6 Days 19 If less than one day hrs. min.

9. Birthplace Uniontown Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Asst. Mgr. Wholesale Gro.

FATHER
12. Name Henry Clay Cover
13. Birthplace Md.

MOTHER
14. Maiden name Mary E. Fuss
15. Birthplace Md.

16. Informant Thos. C. Cover
Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3-1939 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director Jas. A. Seence
Address Easton, Md.

19. 7/1 1939 N. H. Neeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1939, to July 1 1939, and that I last saw her alive on July 1 1939.

Immediate cause of death Secondary hemorrhage

Due to

Due to Cholecystitis Obstruction common duct.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Empyema of gall bladder Stricture of common duct.
Of autopsy

DURATION 6/30/39

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Easton Md Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1939
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07263

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: Emergency Hospital
Stay in hospital or Inst. (yrs., or mos., or days) 1 mo. 12 das.
Stay in this community (yrs., or mos., or days) 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot.
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. West Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louise Dr Ginther

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1 - 1882

8. AGE: Years 56 | Months 10 | Days 20 | If less than one day hrs. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual occupation Music Director

11. Industry or business Musician

FATHER 12. Name Adolph Ginther

13. Birthplace Germany

MOTHER 14. Maiden name Emelie

15. Birthplace Germany

16. Informant Mrs R.C. Harris

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 24-1939 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director James Alpine

Address Easton Md

19. 7/22 1939 N.H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1939, at 11 15 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to July 21, 1939.

and that I last saw her alive on July 21 1939.

Immediate cause of death — DURATION

(a) Carcinoma of cervix — 6 yr.

Due to

Due to

Other conditions Hysterectomy & G.I. tract — 1 yr.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. G. Stevens M. D.
M. D. or other

Address Easton Md. Date signed 7-22-39

RECEIVED
AUG 7 1939
BUREAU V. S.

07264

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(137)

Reg. Dist. No. 290

1. PLACE OF DEATH

County: Talbot County

City or town: Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Ann Co.

City or town: Sudlersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Benson Dill

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Lula Dill

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 28, 1858

8. AGE: Years 81 | Months 6 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace: Marydel, Del. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER

12. Name: Martin Dill

13. Birthplace: Del.

MOTHER

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Mrs. Charles Nickerson

Address: Sudlersville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/6, 1939 (month) (day) (year)

Cemetery or crematory: Sudlersville

Location: Sudlersville Md.

18. Funeral director: Ralph H Wilton Inc. John C Hopkins

Address: Chestertown Md.

19. 7/5 1939 (Date rec'd by registrar) N.H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4, 1939, at 8 a.m. (20)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1939, to July 4 1939, and that I last saw him alive on July 3, 1939.

Immediate cause of death: Septicemia

Due to: Cystitis

Due to: Hypertrophied Prostate

Other conditions: Arteriosclerosis, generalized

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Hypertrophied Prostate

Of autopsy:

DURATION: 1 month; 2 months; 1 yr.; 5 yrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: P. E. Cox M. D. or other

Address: Easton Md Date signed 7-5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

07265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-f)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 23 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline.

City or town Bethelem. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Dillon

3. (b) Social Security Number

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21 - 1874

8. AGE: Years 65 Months 10 Days 10 If less than one day hrs. min.

64

9. Birthplace Caroline Co. (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name William Dillon

13. Birthplace Caroline Co.

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Harry Flowers

Address Burial Preston

17. (Burial, cremation, or removal. Which?) Date thereof 8-7-39 (month) (day) (year)

Cemetery or crematory Choptank Cemetery

Location Choptank, Md.

18. Funeral director J. T. Hampton & Son

Address Federalsburg, Md.

19. 7/31 1939 N. H. Neeves

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1939, at 7:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9, 1939, to July 31, 1939, and that I last saw him alive on July 31, 1939.

Immediate cause of death Paraplegia below C5 vertebrae — DURATION 75 days

Due to fell from truck on to head July 6 - apparently suffered dislocation of spine and laceration of spinal cord — 75 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ Yes Date of 7/6/39

Where did injury occur? Caroline (City or town) Md (County) (State)

Injured at home, farm, industry, public place (where?) on farm at home

Means of injury fell from truck Injured at work? yes

23. SIGNATURE William T Hammond M. D. or other

Address Easton Md Date signed 8/3/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 7 1929
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07266

82-a

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton Point "Outside"
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Norman A. Eason

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Dora Eason

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 9th 1885.

8. AGE:

Years	Months	Days	If less than one day
54	4	14	hrs. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business House

FATHER
12. Name Samuel Eason.
13. Birthplace Md.

MOTHER
14. Maiden name Annie V. Price
15. Birthplace Md.

16. Informant Mrs Dora Eason.
Address Easton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25, 1939 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton. Md.

18. Funeral director James A. Spence.
Address Easton. Md.

19. 7/24/39 (Date rec'd by registrar) N. H. Merriss Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 6a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-23- 1939, to 7-23- 1939, and that I last saw h in alive on 7-23- 1939.

Immediate cause of death	DURATION
apoplexy	6 hrs
Due to Hypertension	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton Md Date signed 7-24-39

RECEIVED
AUG 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07267

1. PLACE OF DEATH

County Talbot Registration Dist. No. 290

Village or City Easton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Junior Lee Gibson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, dey, and year) July 5, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓			

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastaya Md.
(Stata or country)

FATHER

13. NAME Robert Smallwood

14. BIRTHPLACE (city or town) Easton Md.
(State or country)

MOTHER

15. MAIDEN NAME Elenora Gibson

16. BIRTHPLACE (city or town) Eastaya Md.
(State or country)

17. INFORMANT Lena Harpin
(Address) Easton

18. BURIAL, CREMATION, OR REMOVAL
Placa Easton Date 7/6 1939

19. UNDERTAKER Everett Nichols
(Address) Easton

20. FILED 7/6, 1939 N. H. Norris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on never, 19; daath is said to have occurrad on the data stated abova, at m.

Tha **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Still-born (abortive - 3 month foetus)	

Other **Contributory Causes** of importance:

Name of operetion Date of

What test confirmed diagnosis? Was there an au'opsy?

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Nature of injury

24. Was disease or injury in eny way related to occupation of deceased?

If so, specify

(Signed) N. H. Norris, Local Reg. M. D.

(Address) Easton

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 7 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131)

07268

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Bellevue, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot Co.

City or town Bellevue Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George N. Green

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Helen Brummell

Dead 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15 1861

8. AGE:

Years	Months	Days	If less than one day
77	9	25	hrs. min.

9. Birthplace Bellevue, Talbot Co, Md.
(Town, county, and state)

10. Usual occupation Oysterman

11. Industry or business

FATHER 12. Name Benjaman Green

13. Birthplace Bellevue, Md.

MOTHER 14. Maiden name Daphney Young

15. Birthplace Bellevue, Md.

16. Informant Frank Green

Address Bellevue, Md.

17. Bellevue Cemetery (Burial, cremation, or removal. Which?) Date thereof July 13 39 (month) (day) (year)

Cemetery or crematory St. Lukes Cemetery (Church)

Location Bellevue Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. 7/13 1939 (Date rec'd by registrar) M. H. Nevius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1939, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1939, to July 10 1939, and that I last saw him alive on July 9, 1939

Immediate cause of death Acute Uremia

Due to Nephritis; Chronic. C.W.&R.

Antecedent Hypertension

Due to Nephritis; Chronic Duration, many years

Arteriosclerosis generalized

DURATION: Unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE F. B. Lewis M.D.
M. D. or other

Address Stevensville Date signed 7/14/39

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (137)

07269

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 21 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Bellevue Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

1. (a) FULL NAME Walter Hamlin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 71 yrs. | Months | Days | If less than one day: hrs. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business general

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Earl W. Stafford

Address Easton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/14/'39 (month) (day) (year)

Cemetery or crematory Potterfield

Location Easton

18. Funeral director Earl W. Stafford

Address Easton, Md.

19. 7/12 (Date rec'd by registrar) 19 39 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1939, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20, 1939, to July 11 1939, and that I last saw him alive on 7-11-39.

Immediate cause of death	DURATION
Uremia	1 week
Due to Hypertrophied Prostate	1 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operation Hypertrophied Prostate

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M.D.

M. D. or other

Address Easton Md Date signed 7-13-39

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(141)

Reg. Dist. No. 290

07270

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Talbot md

(b) City or town Easton md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) no

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State md (b) County Talbot

(c) City or town Easton md (If outside city or town limits, write RURAL and give town)

(d) Street No. 139 Park St (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) FULL NAME Rosa Hayman

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex female

5. Color or race col. a a

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Charles Hayman

6. (c) If alive, give age about 35 years

7. Birth date of deceased (mo., day, yr.) May 30 1905

8. AGE: Years 34 Months 1 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Easton md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business no

FATHER

12. Name Wm Allen

13. Birthplace Denton md

MOTHER

14. Maiden Name Ella Wilson

15. Birthplace Easton md

16 (a) Informant Mrs Ella Allen

(b) Address Easton md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1939 (month) (day) (year)

(c) Cemetery or crematory Richardson

Location Easton md

18 (a) Funeral director Jas F. Stewart

(b) Address Salisbury md

19 (a) 7/29/39 (Date rec'd by registrar) (b) N. H. Meeres Registrar

MEDICAL CERTIFICATION

20. Date of death July 28 1939, at 7 17 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939, to July 28 1939, and that I last saw him alive on July 28 1939.

Immediate cause of death	Duration
Broncho pneumonia	7/25/39
Due to Abortion	7/5/39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Haynard T. Mapp M.D. (M. D. or other)

Address Easton, Md. Date signed 7/25/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07271

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (82-a)

County Talbot Registration Dist. No. 29V

Village or City Oxford No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Imogene Wilcox Hunsdon If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hunsdon.

6. DATE OF BIRTH (month, day, and year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 71

12. BIRTHPLACE (city or town) (State or country) Not Known.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Rev. Geo. Lines (Address) Oxford, Talbot Co.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Oxford, Md. Date July 6, 1939

19. UNDERTAKER Maurice Bowman & Bros (Address) Easton, Md.

20. FILED July 8, 1939 Jos. L. Clayton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 4 - 1939, to July 4, 1939

I last saw her alive on July 3rd 1939; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, slight, three months before death. Apparent from two days. Uraemia not due to	July 1-39
Chronic nephritis; due to general degeneration of all tissues. Senile.	

Other Contributary Causes of importance:

Hemiplegia May 4th 1939: following a slight stroke.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jos. L. Clayton M. D.

(Address) Trappe, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 10 1939
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07272

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 minutes

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Queenstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary A. Hutchins

3. (b) Social Security Number

4. Sex Female

5. Color or race Black

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Barney Hutchins

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1883

8. AGE: Years 56 Months 1 Days 3 If less than one day hrs. min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation Cook

11. Industry or business Private Homes

FATHER
12. Name Edward Keys
13. Birthplace Va.

MOTHER
14. Maiden name Georgeanna Scott
15. Birthplace Queen Anne Co Md.

16. Informant Elva Gleaves (daughter)
Address Ocean City, N.J.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/13/39 (month) (day) (year)

Cemetery or crematory Centreville

Location Centreville Md.

18. Funeral director Annie W. Eddins

Address Centreville Md

19. 7/10 1939 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1939, at 9:50 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1939, to July 9 1939, and that I last saw her alive on July 9 1939.

Immediate cause of death — DURATION

Acute Dilatation of Heart — 1 hr

Due to

Chronic myocarditis — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (Connty) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton Md Date signed 7-17-39

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82C)

CERTIFICATE OF DEATH

07273

Dr Hammond

Reg. Dist. No. 296

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot Co.

City or town: Easton, Md. (R.D.)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sallie Powell Kemp

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Williams N. Kemp

B(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 17, 1864

8. AGE: Years	Months	Days	If less than one day
75	6	26	hrs. min.

9. Birthplace: Trappe, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: William N. Powell

FATHER — 13. Birthplace: Trappe, Md.

MOTHER — 14. Maiden name: Sallie Atkinson

MOTHER — 15. Birthplace: Easton, Md.

16. Informant: Elizabeth A. Kemp

Address: Goldsboro, N.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5, 1939 (month) (day) (year)

Cemetery or crematory: Third Haven Meeting

Location: Easton, Md.

18. Funeral director: James A. Spence

Address: Easton, Md.

19. 7/5 1939 (Date rec'd by registrar) N.H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1919, to July 3 1939, and that I last saw h[illegible] alive on July 1 1939.

Immediate cause of death	DURATION
Softening of brain	6 mo
Due to Arteriosclerosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE: Wallace Hammond M. D. or other

Address: Easton Md Date signed 7-5-39

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AUG 7 1939
BUREAU V. S.

07274

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(121)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or insl. (yrs., or mos., or days) 17 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town near Church Hill Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME M. Samuel Kimbles

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Cora Kimbles

8 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 3, 1881

8. AGE: 57 Years 56 yrs. | Months 9 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER

12. Name: William J. Kimbles

13. Birthplace: Md.

MOTHER

14. Maiden name: Mary Seney

15. Birthplace: Md.

16. Informant: Cora Kimbles

Address: near Church Hill, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 7-30-39 (month) (day) (year)

Cemetery or crematory: Church Hill

Location: Church Hill Md

18. Funeral director: W. H. Good

Address: Church Hill Md.

19. 7/28 (Date rec'd by registrar) 1939 N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939, at 4:45 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1939, to July 27 1939, and that I last saw him alive on July 27 1939.

Immediate cause of death: Pulmonary Embolism — DURATION 15 min

Due to: acute appendicitis — 15 days

Due to:

Other conditions: Diabetes — several years

(Include pregnancy within 3 months of death)

Major findings:

Of operations: acute appendicitis

Of autopsy: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. N. Palmer M. D. or other

Address Easton Md Date signed 7/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07275

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (131)

County Talbot Registration Dist. No. 295

Village or City Oxford, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Elsie Martin If U. S. Veteran, specify WAR

(a) Residence: No. Oxford, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Alfred Martin

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation All of Life

12. BIRTHPLACE (city or town) Rabenstein-Sachsen (State or country) Germany

FATHER

13. NAME Merkel

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Henrietta Agnes Reuther

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Otto Alfred Martin (Address) Oxford, Md.

18. BURIAL, CREMATION, OR REMOVAL Chelton Hills Abbey Place Phila. Pa. Date July 7, 1939

19. UNDERTAKER Maurice E. Newnam & Son (Address) Easton, Md.

20. FILED July 5, 1939 Jos. L. Cox Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4 (Day) 193 9 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from April, 1939, to July 4, 1939

I last saw h... alive on July 4, 1939; death is said to have occurred on the date stated above, at 3:10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	6 yrs.

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) ... M. D.

(Address) Easton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail **merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93C)

07276

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 das.

Stay in this community (yrs., or mos., or days) 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Plummer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed.

6 (b) Name of husband or wife Mary R. Plummer

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5- 1870

8. AGE: Years	Months	Days	If less than one day
68 70	9	21	hrs. min.

9. Birthplace Talbot Co. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Frances Plummer

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Ann Tarbutton

15. Birthplace Maryland

16. Informant Mary E. Plummer

Address Easton, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof 7-29-39 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director James A. Spence

Address Easton Md.

19. (Date rec'd by registrar) 7/27 19 39 N. H. Meeris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1939 to July 26 1939, and that I last saw him alive on July 26 1939.

Immediate cause of death	DURATION
Heart failure	
Due to Chronic Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Neuman M. D. or other

Address Easton Md Date signed 7/27/39

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AUG 7 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07277

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town St. Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clyde H. Smith

3. (b) Social Security Number

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Maude Haddaway
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Jan 7 1877
8. AGE: Years 62 Months 6 Days 2 If less than one day hrs. min.
9. Birthplace: Broad Creek Neck, Talbot Co. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: David Smith
13. Birthplace: Delaware
MOTHER 14. Maiden name: Sadie H Harrison
15. Birthplace: Talbot Co. Md.
16. Informant: O. R. Smith
Address: St. michaels Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12/1939 (month) (day) (year)
Cemetery or crematory: Church Cemetery
Location: Bozman Md.
18. Funeral director: Newnam & Harrison
Address: St. michaels Md
19. July 11 1939 (Date rec'd by registrar) John Hewcoate Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1939, at 7 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30 1939 to July 10 1939 and that I last saw h alive on July 10 1939

Immediate cause of death: Cerebral Hemorrhage — DURATION: 10 days
Due to: Arterial sclerosis — ? .
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE J. H. Hope M.D.
M. D. or other
Address St Michaels Date signed 7/11/39

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AUG 7 1939
BUREAU V. S.

07278

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46B)

1. PLACE OF DEATH

County Talbot Registration Dist. No. 292

Village or City Trappe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in ~~city or town~~ where death occurred 50 yrs. mos. ds. How long in U. S. If of foraign birth? yrs. mos. ds.

2. FULL NAME Sylvester E. Stanton If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	widower

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Ella Askins Stanton

6. DATE OF BIRTH (month, day, and year) May 5 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Trucker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year) april '39

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Trappe (State or country) Md.

FATHER

13. NAME Robert Stanton

14. BIRTHPLACE (city or town) near Trappe (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett Moore

16. BIRTHPLACE (city or town) near Trappe (State or country) Md.

17. INFORMANT Clarence Stanton (Address) Trappe

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Family Burying ground Trappe Date July 19, 1939

19. UNDERTAKER Maurice E. Newnam & Son (Address) Easton Md.

20. FILED July 19, 1939 Jos. L. Wood. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to July 18, 1939

I last saw h~~e~~~~r~~ alive on July 18, 1939; death is said to heve occurred on the data stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	7

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Haywood T. Mills M. D.

(Address) Easton Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 10 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07279

(8)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Swartz

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
7	W.	—

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1939.

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace Easton, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Leonard Swartz

13. Birthplace Cordova, Maryland

MOTHER 14. Maiden name Marie Voshell

15. Birthplace Church Hill, Md.

16. Informant Marie Swartz

Address Easton, Maryland.

17. Cremated (Burial, cremation, or removal. Which?) Date thereof July 18, '39. (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton Md.

18. Funeral director Emergency Hospital

Address Easton Md.

19. 7/18 (Date rec'd by registrar) 1939 N. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1939, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	Looping of Cord.	DURATION
Due to	Stillbirth	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. G. Neuman M. D. or other

Address Easton, Md. Date signed 7/19/39

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AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

07280

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address (hospital, or institution): Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 14 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gertrude Thomas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Widowed

6 (b) Name of husband or wife Unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1899

8. AGE:

Years	Months	Days	If less than one day
39	9	6	____ hrs. ____ min.

9. Birthplace Denton Md.
(Town, county, and state)

10. Usual occupation H. W.

11. Industry or business

FATHER
12. Name Thomas Taylor
13. Birthplace Kent Co. Del.

MOTHER
14. Maiden name Mary E. Webb
15. Birthplace Caroline Co. Md.

16. Informant Malinda Thomas
Address 106 N. 5th St. Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/12/39 (month) (day) (year)

Cemetery or crematory Denton

Location Denton Md.

18. Funeral director Lewis A. Henry

Address 122 Cedar St Cambridge Md.

19. 7/8 19 39 M. H. Nerrie
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1939 to July 7 1939 and that I last saw her alive on July 7 1939

Immediate cause of death Heart failure

Due to Chronic nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

CURATION. nephritis of 2 to 4 years duration

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. Palmer M. D. or other

Address Easton Rt 1 Date signed 7/8/39

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07281

CERTIFICATE OF DEATH

(122 E)

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 61 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mariah Thomas

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Walter Thomas

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 8, 1878

8. AGE: Years 61 Months 1 Days 26 If less than one day ____ hrs. ____ min.

9. Birthplace: Chapel, Md. (Town, county, and state)

10. Usual occupation: Cook

11. Industry or business

FATHER

12. Name: Jacob Dobson

13. Birthplace: Maryland

MOTHER

14. Maiden name: Amelia Warner

15. Birthplace: Maryland

16. Informant: Joseph Warner

Address: Easton, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof 7-29-39 (month) (day) (year)

Cemetery or crematory: Richard Cemetery

Location: Easton, Md.

18. Funeral director: James A. Spence

Address: Easton Md

19. 7/27 1939 (Date rec'd by registrar) N. H. Neiers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1939, to July 26 1939, and that I last saw her alive on July 26 1939.

Immediate cause of death: Shock

DURATION: 2 hrs.

Due to: Intestinal obstruction

Due to:

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Intestinal obstruction due to a obesion

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Easton Md Date signed 7/26/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(120)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 hrs. - 10 min.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town Church Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harold Edwin Welch

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1937

8. AGE: Years 2 yrs. Months Days 4 If less than one day hrs. min.

9. Birthplace Queen Anne Md
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER
12. Name Calvin J. Welch
13. Birthplace Queen Anne Co.

MOTHER
14. Maiden name Pearl Esther Younger
15. Birthplace Kent Co.

16. Informant Calvin Welch
Address Church Hill

17. Burial (Burial, cremation, or removal, Which?) Date thereof 7/15/39 (month) (day) (year)

Cemetery or crematory Church Hill

Location Church Hill

18. Funeral director Ralph H. Ausilton Inc. John C. Stipkins
Address Chestertown, Md

19. 7/13 1939 N. H. Neiree
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1939, at 4 p.m. 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-12- 1939, to 7-12- 1939, and that I last saw h— alive on 7-12 19

Immediate cause of death: Entero Colitis — DURATION: 8 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton Md Date signed 7-13-39

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: S. Washington St.

Stay in hospital or inst. (yrs., or mos., or days) 5 hrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John W. Wilkinson, Jr.

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25 - 1935

8. AGE: Years 3 Months 7 Days 12 If less than one day hrs. min.

9. Birthplace Easton, Md.
(Town, county, and state)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name John W. Wilkinson
13. Birthplace Easton, Md.

MOTHER
14. Maiden name Frances C. Andrews
15. Birthplace Easton, Md.

16. Informant Frances C. Wilkinson
Address Easton, Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof 7-10-39 (month) (day) (year)

Cemetery or crematory Springhill Cemetery

Location Easton, Md.

18. Funeral director James A. Spence
Address Easton, Md.

19. 7/8 1939 N. H. Meriss
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1939, to July 7 1939, and that I last saw him alive on July 7 1939.

Immediate cause of death myocarditis, Chr — DURATION 6 mos

Due to (1) Tonsillitis, Cur (2) Arteriosclerosis, Cur — 6 mos

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations T & A Tonsillitis Chr Arteriosclerosis 7/7/39

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Noble
M. D. or other

Address Easton Date signed 7/8/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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07284

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Talbot Registration Dist. No. 290

Village or City Easton No. Port St., St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurrad ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Williams If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
?	coe	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 5, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Data deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Easton (State or country) md.

FATHER

13. NAME Joe Williams

14. BIRTHPLACE (city or town) Easton (State or country) md.

MOTHER

15. MAIDEN NAME Rosie Allen

16. BIRTHPLACE (city or town) Easton (State or country) md.

17. INFORMANT Rosie Williams (Address) Easton

18. BURIAL, CREMATION, OR REMOVAL Place Easton Date 7/5, 1939

19. UNDERTAKER Joe Williams (Address) Easton

20. FILED 7/5, 1939 N. H. Morris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 5 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Nevus	
Still-born (3 months pregnancy)	

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. H. Morris, Local Reg. M.D.

(Address) Easton md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07285

CERTIFICATE OF DEATH (137)

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

2. (a) FULL NAME Alberta Young

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Black	married

6 (b) Name of husband or wife albert young
6(c) If alive, give age 38 yrs years

7. Birth date of deceased (mo., day, yr.) ? 1911

8. AGE: Years 28 yrs. Months Days If less than one day hrs. min.

9. Birthplace Ridgely Md
(Town, county, and state)

10. Usual occupation H. W.

11. Industry or business Own home

FATHER 12. Name William Stanford
13. Birthplace Md

MOTHER 14. Maiden name Mary Collins
15. Birthplace Md

16. Informant Albert Young
Address Ridgely, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/4/39 (month) (day) (year)

Cemetery or crematory Sunrise
Location Sunrise Md

18. Funeral director Virgil Moore & Son
Address Denton, Md.

19. 7/4 1939 N. H. Meiris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at 4 50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1939 to July 2 1939 and that I last saw h-r alive on 7/2 1939

Immediate cause of death	DURATION
Shock —	7/2/39
Due to Second degree Burns of entire body due to ignition of kerosene in	7/2/39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations None
Dt autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 7/2/39
Where did injury occur? Ridgely (City or town) Caroline (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Kerosine explosion Injured at work? No

23. SIGNATURE Mc Palmer M. D. or other
Address Easton Md Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07286

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton - Emergency Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: S. Washington St.

Stay in hospital or Inst. (yrs., or mos., or days) 2 day

Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorothy Young

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1935

8. AGE: Years	Months	Days	If less than one day
4 years.	5		hrs. min.

9. Birthplace Cordova, Md.
(Town, county, and state)

10. Usual occupation Child

11. Industry or business

FATHER 12. Name Albert Young

13. Birthplace Ridgely, Md.

MOTHER 14. Maiden name Alberta Stanford

15. Birthplace Ridgely, Md.

16. Informant Albert Young

Address Ridgely, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/4/39 (month) (day) (year)

Cemetery or crematory Sunrise

Location Sunrise, Md

18. Funeral director J. Virgil Moore & Son

Address Denton, Md.

19. 7/4 (Date rec'd by registrar) 19 39 N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1939 to July 2 1939 and that I last saw h-- alive on July 2 1939.

Immediate cause of death Shock

DURATION

Due to Second degree burns of entire body due to

Due to ignation of Kerasene in home.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/2/39

Where did injury occur? Ridgely (City or town) Caroline (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Kerosene ignation Injured at work? No

23. SIGNATURE M. D. Palmer M. D. or other

Address Easton Md. Date signed

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